## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1458
Alexandria, Virginia 22313-1458
or Fax (571)-273-2885

ESSTRUCTIONS. This form should be used for transmiting the ISSUE PEE and PUBLICATION FEE (if inquired). Blocks 1 through 5 should be completed where

| indicated unless corrected below<br>maintenance fee potifications.   | s or directed otherwise  | m Block I, by   | a) specifying a new corn   | mannenance rees<br>Expendence address  | will be malled to to<br>condict (b) indica  | ise current c<br>ting a separi                              | orrespondence address as<br>ste "FEE ADDRESS" for   |
|--|--|---|--|--|---|---|---|
| CEREPIT CHRESPONDENCE ADDRESS (New Dee Silva: ). By any change of sciences   |  |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Teamsmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  |   |   |   |
| MEDTRONIC, INC. 710 MEDTRONIC PARK MINNEAPOLIS, MN 55432-9924  |  |   |  | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmistal is being deposited with the United States Postal Service with sufficient postage for first class mail is an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |   |
|  |  |   |  | ***************************************  |   | ***************************************                     | (Expositor's none)  |
|  |  |   |  |  | ***************************************   | ***************************************                     | (Signatice)   |
|  |  |   |  |  |   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                     | (3)665)   |
| APPLICATION NO.  | FILING DATE  | *******************************   | FIRST WAMED INVENTO  |  | ATTORNEYINK   | K81 %O  | CONFIRMATION 80.  |
| 19/751,365<br>TITLE OF INVENTION: SYNC   | 01/05/2004   |   | Willem Wesselink   |  | P-10377.0   | 0   | 2235  |
| APEN TVPS 886  | EEE-SELLA (18)   | sce pre ease  | Troblication fee dos   | TPREV. PARO ISSU   | EFEE JOTALS   | EES DOE   | DATE DES 1  |
| aenprovisional   |  | \$14/8i   | \$300  | \$0  |   | 700   |   |
| ASSAMANS   |  | ARTUNIT   | CLASS-SUBCLASS   | ***  | *   |   |   |
| HELLER, TAMMIE K   |  | 3766  | 607-0250(0)  |  |   |   |   |
| 1. Chaises of correspondence add CFR 1.363).  Change of correspondence Address form #10/SB/122 at Market 1.363.  Froc Address indication (P10/SB/12) at monumber is required.  3. ASSIGNEE NAME AND REST PLEASE NOTE: Unless an a recordation as set forth in 37 c (A) NAME OF ASSIGNEE MARKET COLUMN CO | address (or Change of dached.  or "Fox Address" indice are recent) attached. Use a support to be seen as identified by the 3.11. Completion of the control o | Correspondence  tion form of a Custumer  E PRINTED ON low, no assigner of this form is NO | data will appear on the p<br>T a substitute for filing an<br>(B) RESIDENCE: (CIT)  | n 3 registered pater (verly, le firm (herving as a agent) and the man mercy or agents. If a printed.  pc) pstent. If an assign assignment. I and STATE OR C  | is attenneys.  I member a few of tip to no to | QUL H<br>INNA.  | a. Urapi K Mc Lowall . Wolde-Nich   |
| Stance Foo Fublication Foo (No small entity discount permitted)  Advance Order - # of Copies   |  |   | b. Payment of Foo(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit and. Form PTO-2018 is attached.  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (3) 57/2, (onclose an extra copy of this form). |  |   |   |   |
| 5. Change in Entity Status (from<br>In Applicant claims SMAL   |  |   | Ulv. Applicant is no lor   | ionr deimino SMA3  | T. ESCTITY spans  | Kee thirten   | F PROMPTS   |
| NOTE: The Issue Per and Public<br>storest as shown by the recepts o  | ation Fee (if recuired) w  | ·III not be accepte   | d from accome other than   | ilie applicant, a regi   | stered attemby or s   | gent; or the  | seague or other party in  |
| Authorized Signature Dand CA   |  |   | 15:20 <u>3/30/07</u>   |  |   |   |   |
| Typed or princed name Daniel G. Chapik   |  |   | Regissration No. 43.424  |  |   |   |   |
| This collection of information is a<br>on application. Confidentiality is<br>submitting the completed applica<br>his form and/or subjections for a<br>80x 1450, Alexandria, Virginia 2<br>Alexandria, Virginia 23113-1456<br>Under the Paperwork Reduction a   | tion form to the USPTs<br>educing this burden, sh<br>2313-1450, DO NOT   | 2. Time will vary<br>ould be sent to th<br>(END FEES OR)                                  | e Chief Information Offic<br>COMPLETED FORMS T   | rideal case. Any co<br>or, U.S. Palest end<br>O THIS ADDRESS   | onness of the am<br>Trademark Office<br>SEND TO: Com                              | s, memong j<br>east of time<br>U.S. Depart<br>missioner for | jathersue, presering, and<br>you require to complete<br>next of Commerce, P.O.<br>Patents, P.O. Box 1450, |